

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and Privacy
Statement on Reverse Side

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CLAIMANT'S NAME David Knudsen			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Cabinet Secretary			CB/ID NUMBER			DIVISION OR BUREAU Cabinet Office		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol Building			TELEPHONE NUMBER		
CITY	STATE	ZIP	CITY	STATE	ZIP			
Sacramento			CA			95814		

MONTH/YEAR 12/09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
03-Dec	7:10am	Sacramento to Burba	148.50	0.00	0.00	0.00		158.60	air			0.00	307.10
04-Dec	2:45pm	Burbank to Sacramento						158.60	air			0.00	158.60
												0.00	0.00
												0.00	0.00
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												0.00	0.00
												0.00	0.00
SUBTOTALS			148.50	0.00	0.00	0.00	0.00	317.20	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$465.70	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)
To staff the Governor at the opening of the Veteran Home in Ventura, Ca

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240812

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S:	DATE 12/11/09	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 12/18/09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE 1/4/10